

WORLD HEALTH ORGANIZATION

REPORT OF AN ACCIDENT WHICH INVOLVED THIRD PARTY LIABILITY

This form should be completed for all declared traffic accidents whether the accident occurred during or outside office hours

| | | | | |
|----|---|---|--|--|
| 1. | Description, in your opinion, of the circumstances of the accident (please continue on separate sheet if necessary) | | | |
| 2. | Identification of any other person(s) involved in the accident | Name: _____ | | |
| | | Address: _____ | | |
| 3. | Was (were) the other person(s) insured for civil responsibility? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| 4. | If the answer to question 3 is yes, please indicate the name and address of the insurance company of the other person(s) involved in the accident | Name : _____ | | |
| | | Address: _____ | | |
| 5. | Who, in your opinion, was at fault? | | | |
| 6. | Was a crash helmet (in case of a motor cycle accident) available for your use at the time of the accident? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| 7. | Was a seat belt available for your use in the vehicle in which you were travelling? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| 8. | Were you wearing a crash helmet or seat belt at the time of the accident? | <i>Crash helmet</i> YES <input type="checkbox"/> NO <input type="checkbox"/> | <i>Seat belt</i> YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 9. | Was a report made by the police? If yes, please attach a copy if available | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| 10 | Any written statements obtained from witnesses of the accident should be attached to this form. | | | |

N.B. THE UNDERSIGNED DECLARES HE/SHE WILL NOT SIGN ANY AGREEMENT (SETTLEMENT) RELATED TO THE ACCIDENT, WITH ANY PERSON(S) INVOLVED IN THE ACCIDENT, NOR WITH A THIRD PARTY INSURANCE COMPANY, WITHOUT WRITTEN CLEARANCE FROM THE ORGANIZATION

Name in block letters: _____

Signature: _____

Place: _____

Date: _____